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FACSIMILE TRANSMISSION

DATE: July 14, 2006

TO: EXAMINER LAURA BREAN

FACSIMILE NO.: 571-273-8300

FROM: John G. Posa

PAGES TRANSMITTED (INCLUDING COVER SHEET): 8

ORIGINAL DOCUMENTS WILL _____ / WILL NOT XX FOLLOW BY MAIL

RE: SN 10/686,298

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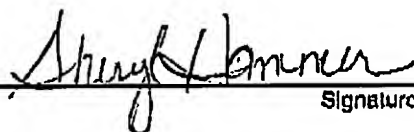
Application No. (If known): 10/686,298

Attorney Docket No.: GGG-10402/29

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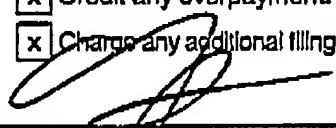
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Amendment in Response to Non-Final Office Action (5 pages)

Amendment Transmittal (1 page)

JUL 14 2006

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. GGG-10402/29 | |
|--|---|---|-----------------------------------|-----------------------------|------|
| Application No. 10/686,298 | Filing Date October 15, 2003 | Examiner L. Brean | Art Unit 3724 | | |
| Applicant(s): G. G. Gochanour | | | | | |
| Invention: DISPENSER FOR FLEXIBLE THIN-FILM HAND COVERINGS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 8 | - 20 = | 0 | x | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  John G. Posa Attorney/Agent Reg. No.: 37,424 | | | | Dated: <u>July 14, 2006</u> | |
| GIFFORD KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (734) 913-9300 | | | | | |

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Docket No.: GGG-10402/29
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
G. G. Gochanour

Application No.: 10/686,298

Confirmation No.: 7109

Filed: October 15, 2003

Art Unit: 3724

For: DISPENSER FOR FLEXIBLE THIN-FILM
HAND COVERINGS

Examiner: L. Breun

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 19, 2006, please amend the above-identified
U.S. patent application as follows:

GIFFORD, KRASS, GROH, SPARKLE, ANDERSON & CITKOWSKI, P.C. 2701 TROY CENTER DR., SUITE 330, P.O. BOX 7021 TROY, MICHIGAN 48067-7021 (218) 647-6000